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TRANSIVIITTAL FORIVI			Filing Date	June 27, 2001					
(to be used for all correspondence after initial filing)			First Named Inventor						
			Group Art Unit	2766					
			Examiner Name	To Be Determined					
Total Number of Pages in This Submission 7			Attorney Docket Number	42390P9864					
	ENCLOS	SURES (ched	k all that apply)						
Fee Transmittal	Form	Drawing(s))	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
Fee Attach	ned	Licensing-r	elated Papers						
Amendment / Re	sponse	Petition							
	After Final Affidavits/declaration(s)		Convert a Application	Proprietary Information					
		Power of A Change of	ttorney, Revocation Correspondence Address	Status Letter					
Extension of Time Request Express Abandonment Request Information Disclosure Statement PTO/SB/08 Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA Response to Missing		Terminal C	Disclaimer	Other Enclosure(s) (please identify below):					
		Request for	Refund	Return Receipt Postcard RECEIVED					
		CD, Numb	er of CD(s)						
				AUG 1 4 2003					
		Remarks		Technology Center 2100					
1.52 or 1.5	er 37 CFR 53								
	SIGNATURE	OF APPLICA	NT, ATTORNEY, OR AG	SENT					
Firm or Individual name		, 0	g. No. 42,261						
Signature	Colongly	<u> </u>							
Date	August 6, 2003								
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.									
Typed or printed n	Request for Refund CO/SB/08 Copy of Priority (ts) Remarks Remarks Remarks Technology Center 2100 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP August 6, 2003 CERTIFICATE OF MAILING/TRANSMISSION hat this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.								
Signature									
Based on PTO/SB/21 (05-03) SEND TO: Commissioner for	as modified by Blake , Solokafi Patents, P.O. Box 1450, Alexa	i Taylor & Zafman (wili ndria, VA 22313-1450	Examiner Name To Be Determined Attorney Docket Number 42390P9864 ES (check all that apply) Drawing(s) Licensing-related Papers Petition Appeal Communication to Board of Appeals and Interferences Petition to Convert a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) RECEIVED AUG 1 4 2003 Technology Center 2100 FAPPLICANT, ATTORNEY, OR AGENT Reg. No. 42,261 COLOFF, TAYLOR & ZAFMAN LLP TEOF MAILING/TRANSMISSION Dosited with the United States Postal Service on the date shown below with sufficient to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.						

Application No.

09/891,522

EE TRANSMITTAL	Complete if Known							
TATING EL INAIVOIVII I IAL	Application Number 09				09/8	91,522		
for FY 2003	Filing Date			June	June 27, 2001			
Effective 01/01/2003. Patent fees are subject to annual revision.	F	First Named Inventor						
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name			To I	To Be Determined			
	Group/Art Unit				2766			
TOTAL AMOUNT OF PAYMENT (\$)	P	Attomey D	Docket	No.	4239	0P9864	- DECI	=1\/ F1
METHOD OF PAYMENT (check one)				FE	E CALCULATI	ON (continue	ed)	
	3. A	NIC 1 4 200						
Check Credit card Money Other None Deposit Account	Larg	Large Entity Small Entity Technol					[echnology	Center 2
Deposit	Fee Code	Foo (\$)	Fee Code	Fee (\$)	Fo	e Description	oonnoogy	Fee Paid
Account Number 02-2666	4054	130	~.·	65	Surcharge - late filing	•		
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Account Blakely, Sokoloff, Taylor & Zafman LLP					cover sheet.			
	2053 1812	130 2,520	2063 130 1812 2,520					
e Commissioner is authorized to: (check all that apply)	1804	920 •	1804	920	Requesting publication			
Charge fee(s) indicated below Credit any overpayments	1]		Examiner action	•		
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1805	1,840 *	1805	1,840	 Requesting publication 	on of SIR after		
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account	1754	110	2254	55	Extension for reply w	ithin first month		
FEE CALCULATION	1251 1252	410	2251	205	Extension for reply wi			-
	1253	930	2253	465	Extension for reply wi			-
1	1254	1,450	2254	725	Extension for reply wi	ithin fourth month		
Fee Fee Fee Fee Description Fee Paid	1255	1,970	2255	985	Extension for reply w			
ode (\$) Code (\$)	1404	320	2401	160	Notice of Appeal			-
1001 750 2001 375 Utility filing fee	1402	320	2402	160	Filing a brief in suppo	rt of an appeal		
1002 330 2002 165 Design filing fee	1403	280	2403	140	Request for oral hear			-
1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee	1451	1,510	2451	1,510	Petition to institute a	public use proceedi	ng	
1005 160 2006 80 Provisional filing fee	1452	110	2452	56	Petition to revive - un	avoidable		
	1453	1,300	2453	650	Petition to revive - un	intentional		
SUBTOTAL (1) (\$)	1501	1,300	2501	650	Utility issue fee (or re	issue)		
2. EXTRA CLAIM FEES Extra Fee from	1502	470	2502	235	Design issue fee			
Claims below Fee Paid	1503	630	2503	315	Plant issue fee			
al Claims	1460	130	2460	130	Petitions to the Comr			
airtis	1807	50	1807	50	Processing fee under	•		
fitiple Dependent	1806	180	1806	180	Submission of Inform		tmt	<u> </u>
arge Entity Small Entity	8021	40	8021	40	Recording each pater property (times numb			1
Fee Fee Fee <u>Fee Description</u> Code (\$)	1809	750	1809	375	Filing a submission at	fter final rejection		
1202 18 2202 9 Claims in excess of 20	1				(37 CFR § 1.129(a))			
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	For each additional in examined (37 CFR §	vention to be 1.129(b))		
1203 280 2203 140 Multiple Dependent claim, if not paid	1801	750	2801	375	Request for Continue	d Examination (RCI	E)	-
1204 84 2204 42 **Reissue independent claims over original patent	1802		1802	900	Request for expedited	d examination		
1205 18 2205 9 **Reissue claims in excess of 20 and over original patient		fee (specify)	l		of a design application	1 		
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SUBTOTAL (2) (\$)	• Reduc	ed by Basic	Filing Fo	o Paid		SUBTOTAL (3)	(\$)	
**or number previously paid, if greater, For Reissues, see below	<u> </u>							
SUBMITTED BY	1.5	Dogiotesti	nn Ma			Comp	olete (if applica	
Name (Print/Type) Farzad E. Amini		Registration Attorney/Age		، ا	42,261	Telephone	(310) 20	7-3800
Signature Manual Tri						Date	08/0	6/03